

# VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100376

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 05/30/2011

## External Standard Test Values

### EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080  
TARGET AT 29.94: 0.080  
LOT #: 02511080A3  
EXPIRATION: 02/01/2013

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.080	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.080	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.080	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.080	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.081	12:06
BLANK TEST	0.000	12:07

Average = 0.0802  
Std Dev = 0.0004

## Diagnostic Check

VERSIONS  
DMT: 1.01  
PIC: 3.02  
Modem: 2.0  
Questions: 2.2

### TEMPERATURES

Sample Chamber = 48.9°C PASSED  
Breath Tube = 48.1°C PASSED

### PUMP INFO

Flow Rate = 4.773 L/M PASSED

### DETECTOR INFO

PUMP ON PASSED  
PUMP OFF PASSED

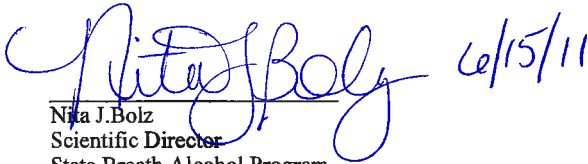
### FILTER INFO

Filter 1 PASSED  
Filter 2 PASSED  
Filter 3 PASSED

INTERNAL STANDARD PASSED

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the Breath Alcohol Program, which includes assuring that instruments are calibrated and maintaining program records.
- (5) The above is a true and accurate verification of calibration, which is performed by the instrument's software, as specified by the State Breath Alcohol Program. Verification of calibration is a regularly conducted and regularly recorded activity of the State Breath Alcohol Program.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

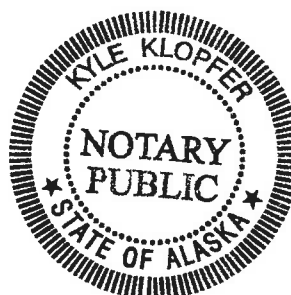
  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 15 day of JUNE, 20 11

  
Notary Public's Signature

My Commission Expires on WINTER OFFICE

  
Notary Name



  
5/31/11